

Opium alkaloids



Ethers of morphine



Esters of morphine



What is...?
OPIOIDS

BRM

“Best Practices” for the Boots on the Ground



Synthetic opioids



What's This Epidemic Mean?



*The Epidemic has Taxed Law Enforcement
& Public Health Services Across the Country*

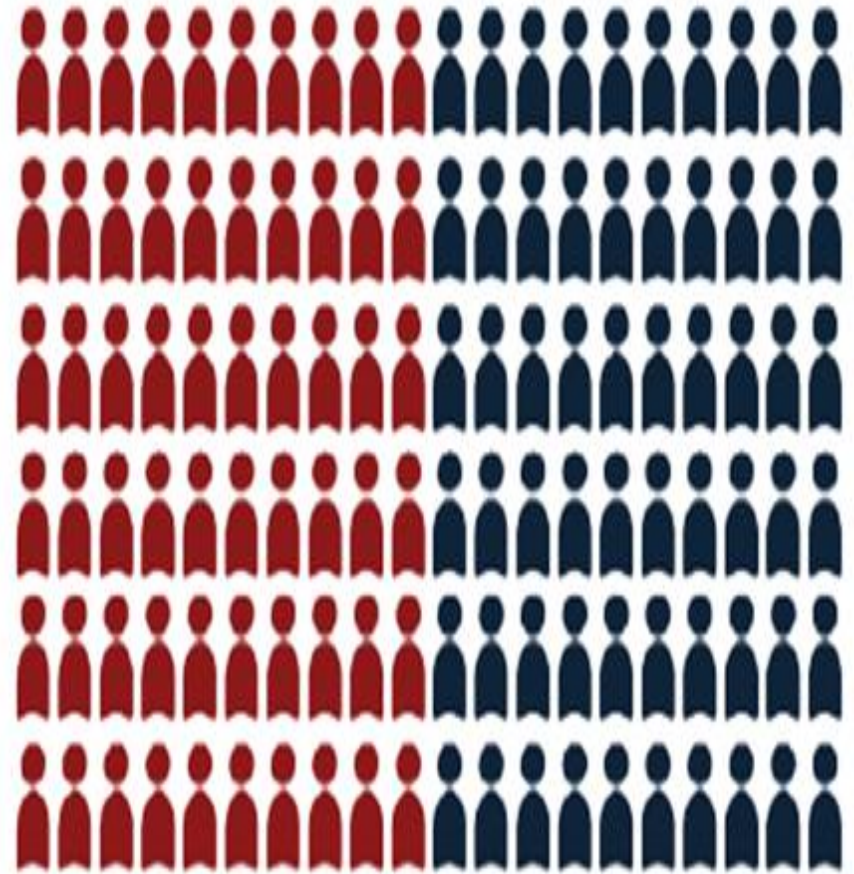
The Game Has Changed!

So, How Bad is It?



800

**ODs Per Day
From Heroin
And
Rx Opioids**





Where We Stand

Fatal OD's as of 12/16/2016



Heroin: 1074; up 44% over 2015 (748)

Fentanyl: 962; up 183% over 2015 (340)

Both: 613 (Both Heroin & Fentanyl found in the system)

Combined fatal ODs: up 87% over 2015 (2036)

Age: 20-29 – 421

30-39 – 490

40-49 – 439

50-59 – 507

Race: White – 1316

African-American – 643

Hispanic - 45

Gender: Male – 1533

Female – 501

Unknown – 2



Maryland's Top 10

Fatal OD's as of 12/16/2016



- 1. Baltimore City: 783 Total (417 Heroin; 366 Fentanyl)**
- 2. Baltimore Co: 312 Total (169 H; 143 F)**
- 3. Anne Arundel Co: 173 Total (94 H; 79 F)**
- 4. Prince Georges Co: 115 Total (66 H; 49 F)**
- 5. Montgomery Co: 83 Total (44 H; 39 F)**
- 6. Frederick Co: 78 Total (37 H; 41 F)**
- 7. Harford Co: 77 Total (36 H; 41 F)**
- 8. Washington Co: 58 Total (32 H; 26 F)**
- 9. Wicomico Co: 53 Total (21 H; 32 F)**
- 10. Howard Co: 43 Total (21 H; 22 F)**

What's on the Planning Board? A Seismic Shift



Baltimore Response Model

Nothing Works Like Teamwork



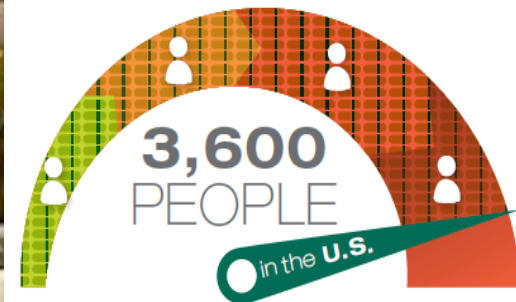
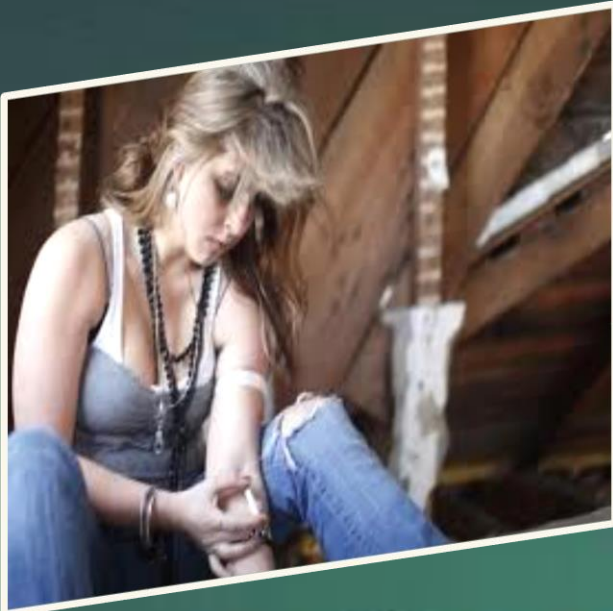
History

Maryland: Back in the Day



U.S. Prescription Practices

The Pipeline



STARTED MISUSING
an opioid pain medication
for the first time
TODAY!

Fentanyl & Other Synthetics

The Pipeline Meets The Plague



100,000 +

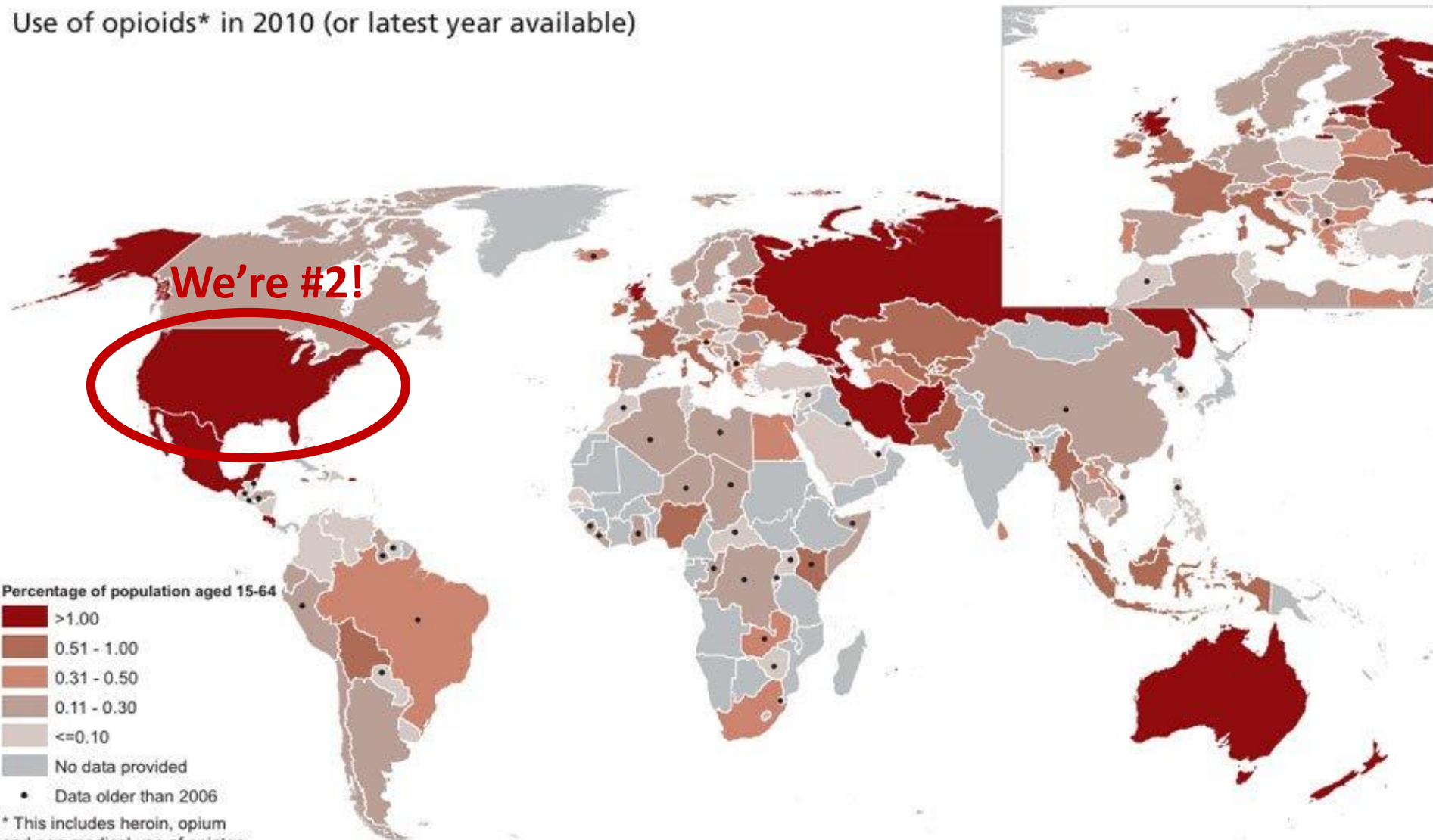


**VAST CHEMICAL AND PHARMACEUTICAL INDUSTRIES
— COMBINED WITH LAX REGULATION, LOW
PRODUCTION COSTS, AND GOVERNMENT CORRUPTION**

Heroin Markets



Use of opioids* in 2010 (or latest year available)





EFFECTIVE • EFFICIENT • QUALITY SERVICE



Domestic Monitoring Program



*7/2/1

*~~95%~~ - 5%



Farming vs. Pharmings

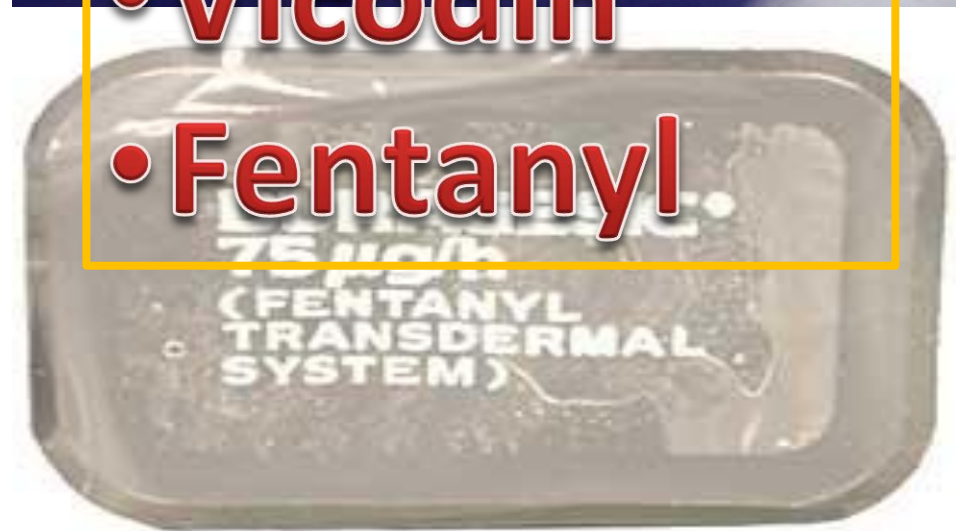
Plants vs Synthetics



- Opium
- Morphine
- Heroin



- Oxy Contin
- Vicodin
- Fentanyl



Economics

Lesson 1



2 Pills = \$160

vs

4 Caps = \$40

Economics

Lesson 2



1 kg Heroin = \$50,000

vs

1 kg Fentanyl = \$2,500

Economics

Lesson 3



Heroin = 3 to 4 x

vs

Fentanyl = 16 to 24 x

Let's Review: Why Synthetic Fentanyl?



(U) Figure 79. Counterfeit Oxycodone Pills Containing Fentanyl



(U//LES) Figure 80. Potential Revenue Generated from Fentanyl Pill Sales Using One Kilogram of Fentanyl (in USC)

Amount of Fentanyl Per Pill	Price Per Pill	Price Per Pill	Price Per Pill
	\$10.00	\$15.00	\$20.00
1.5 milligrams (666,666 pills)	\$6.6 million	\$9.9 million	\$13.3 million
1 milligram (1 million pills)	\$10 million	\$15 million	\$20 million

The 1933 Mile Gateway to the U.S.

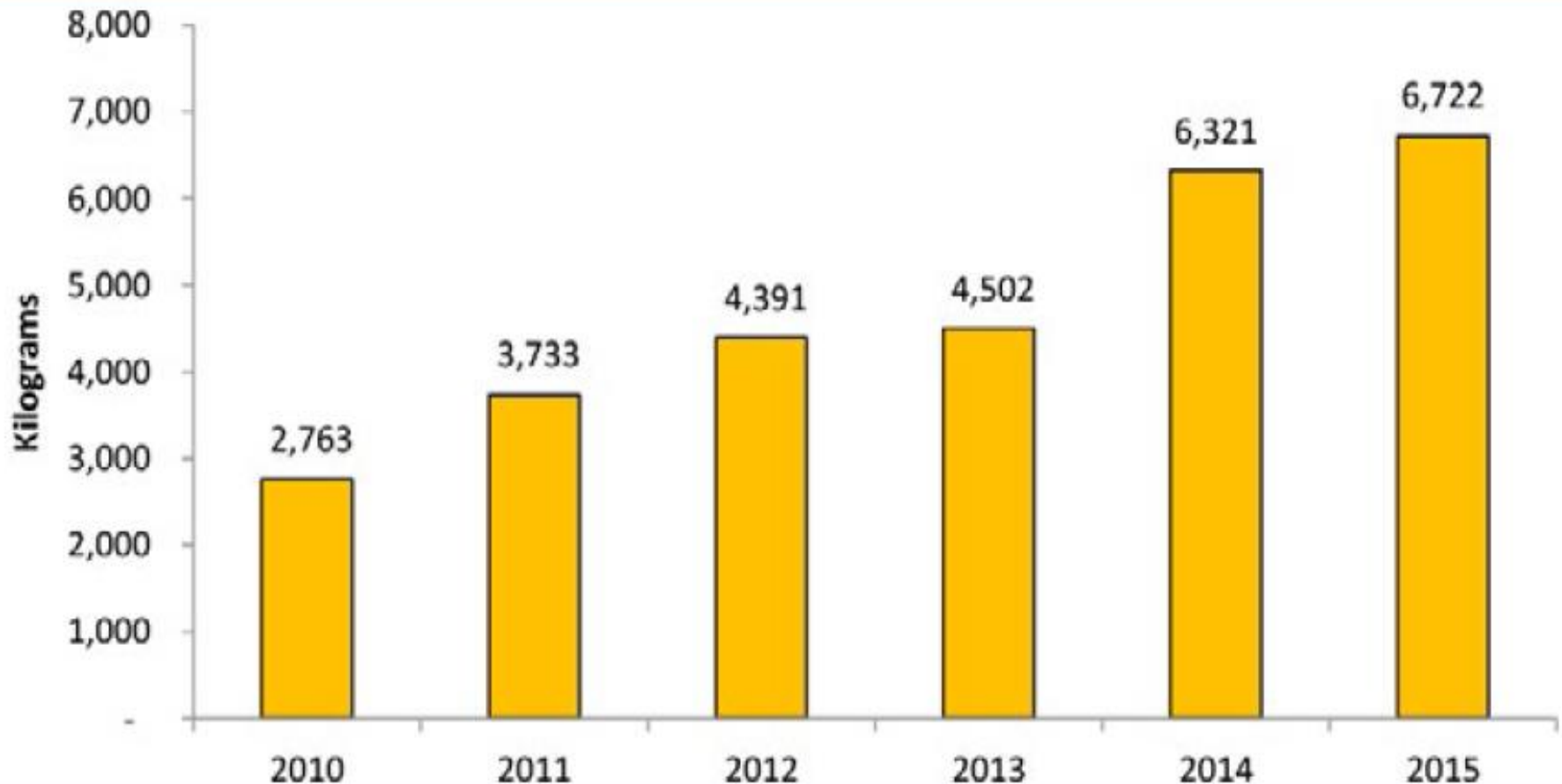
“Los Cincos” – The Fives



Heroin Seizures



(U) Figure 48. Heroin Seizures in the United States, 2010 - 2015

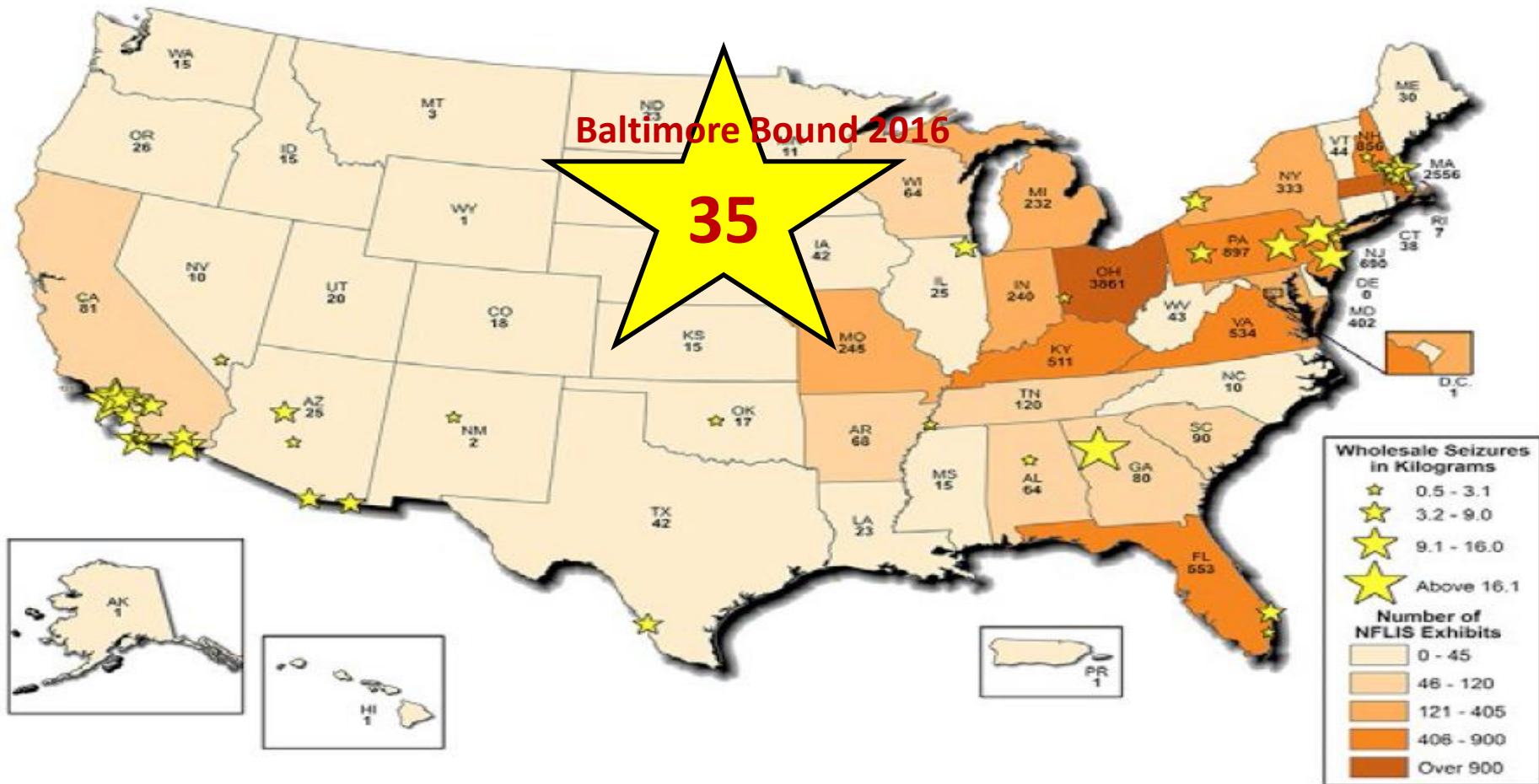


Source: EPIC National Seizure System

Fentanyl Seizures



(U//LES) Figure 77. Fentanyl Exhibits in NFLIS, 2015 and Wholesale Seizures, 2013 - December 2015





Metrics & Measures “Best Practices”



- Next 3 Logical Steps
- Enhanced Physicians' Ed.



- Mapping
- EPIC Portal (*coming soon?)

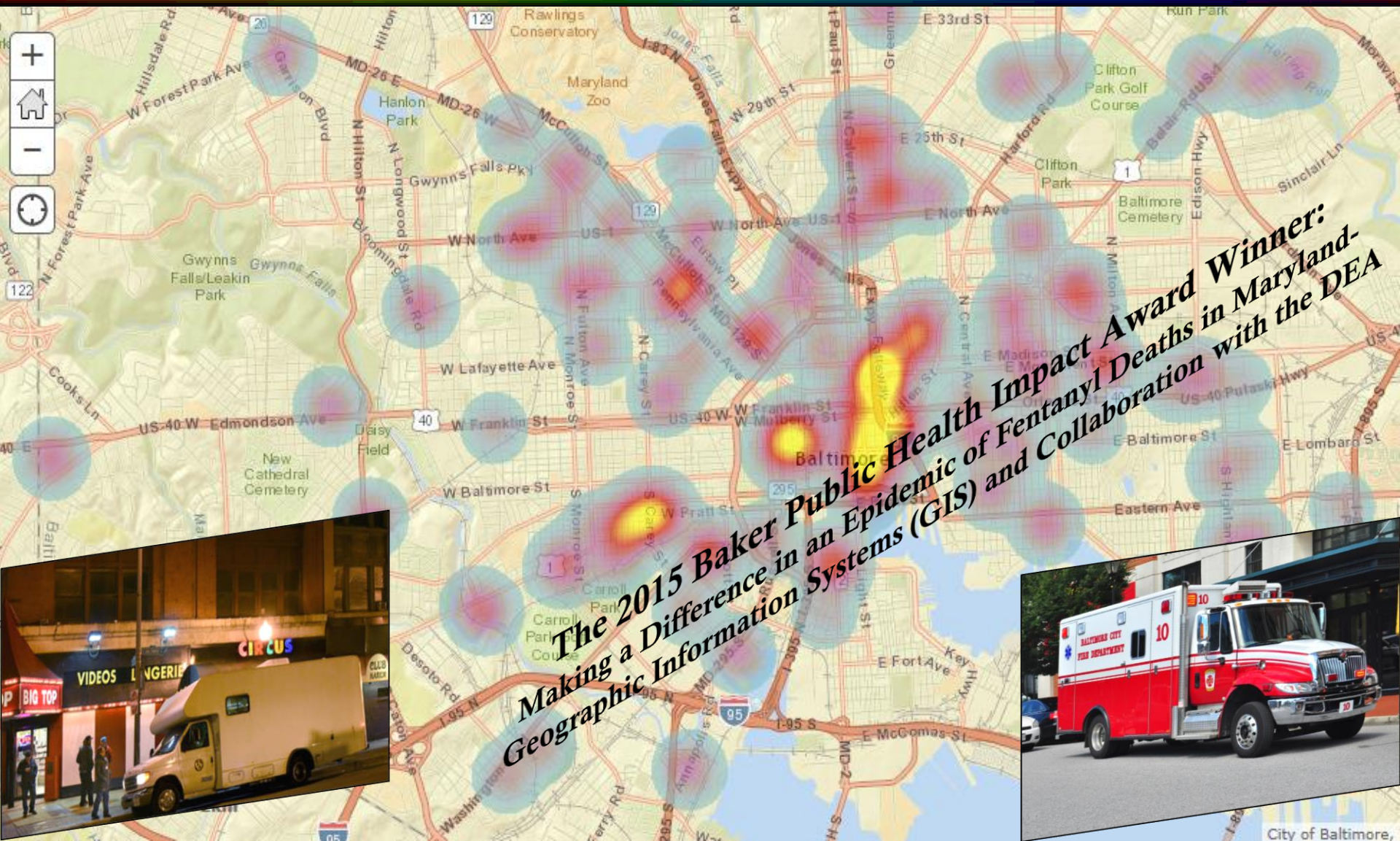


Bio-Surveillance

An Award Winning Best Practice



Public Health
Prevent. Promote. Protect.

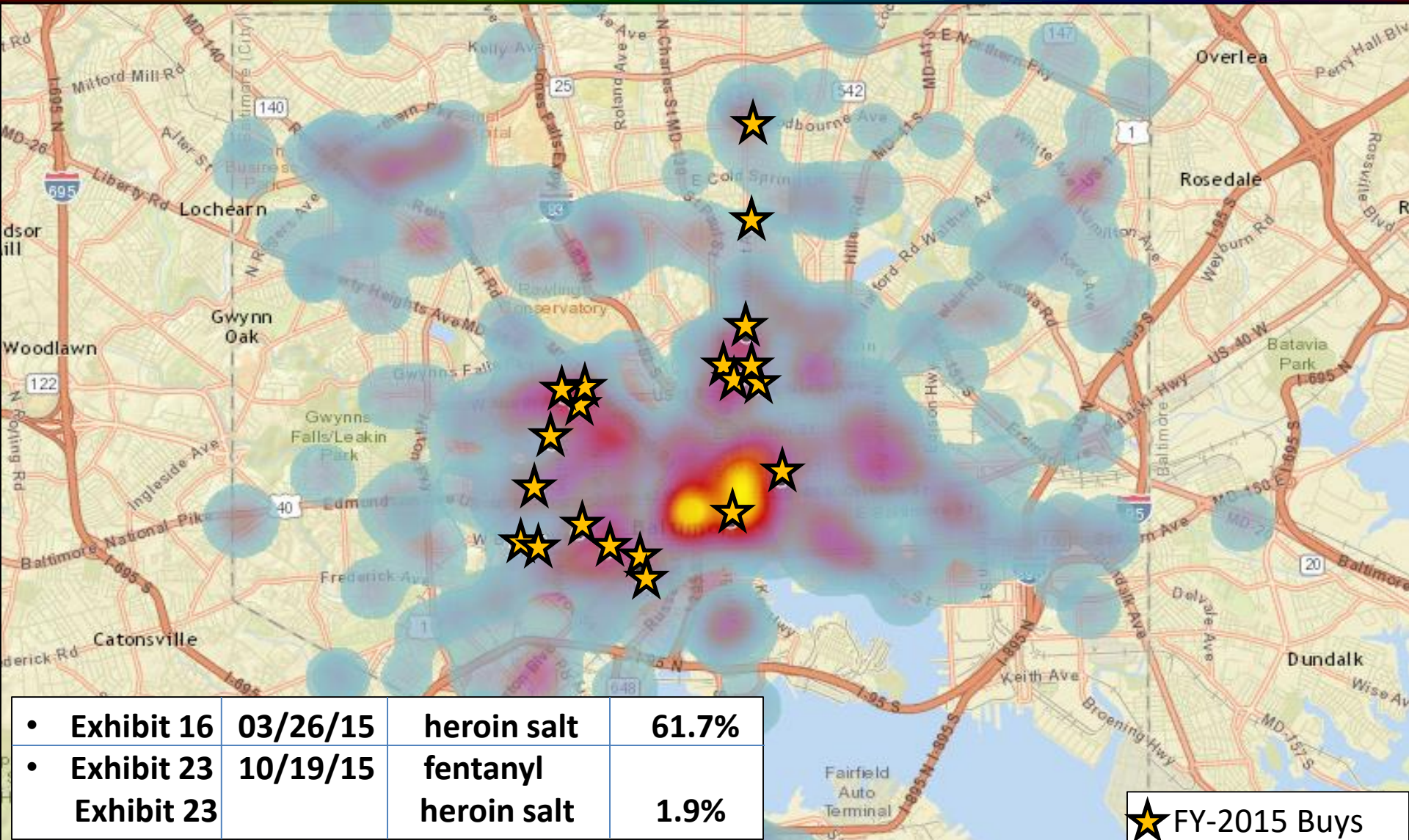


**The 2015 Baker Public Health Impact Award Winner:
Making a Difference in an Epidemic of Fentanyl Deaths in Maryland-
Geographic Information Systems (GIS) and Collaboration with the DEA**



DMP Buys

Not Your Grandfather's Dope



• Exhibit 16	03/26/15	heroin salt	61.7%
• Exhibit 23	10/19/15	fentanyl	
• Exhibit 23		heroin salt	1.9%

★ FY-2015 Buys



Some of the Tools

Make the Right Thing Your Default



- ✓ **De-Confliction** – every #, every time
- ✓ **Fusion**
- ✓ **High Side**
- ✓ **Big Data**

Keys to Success

- ✓ **Understand & Use the Tools**
- ✓ **Make Solid Relationships**
 - ✓ **Share the Credit**
 - ✓ **Don't Give Up!**

4 Good Things



- Addiction Medicine now a Medical Subspecialty**
- Our PDMP is now Mandatory**
- Run in My Shoes**
- Peer Recovery Specialists**



Peer Support: An Innovative Response

Brandee Izquierdo, Director, Office of Consumer Affairs
Behavioral Health Administration
January 26, 2017



How do we respond to this crisis?

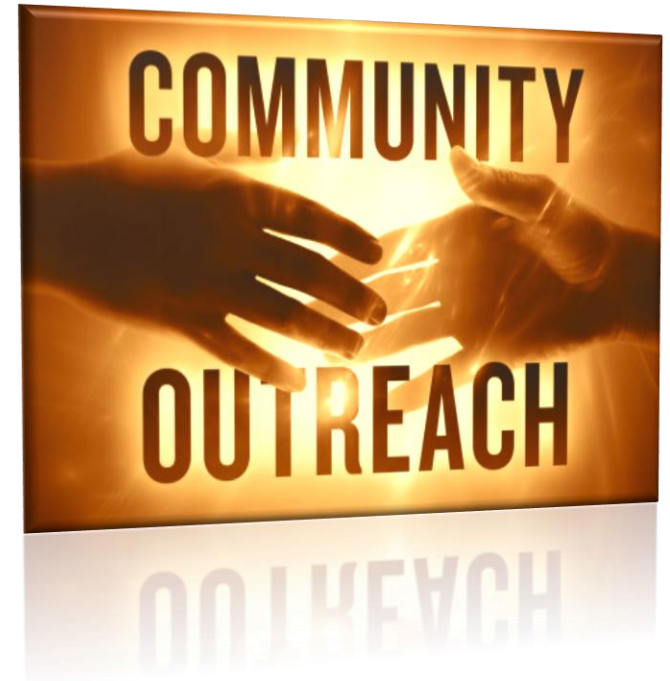
129

people per day
die of drug overdoses



Peer Support

- individuals who have common life experiences with the people they are serving
- have a unique capacity to help each other based on a shared affiliation and a deep understanding of lived experience
- offer support, strength, and hope which allows for personal growth, wellness promotion, and **recovery**



What is Recovery?

“A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

(SAMHSA, 2012)

Key concepts:

INTERVENTION

TRANSFORMATION

RECOVERY

DIVERSION

RECIDIVISM



Don't you see how broken I am?



Key Values

- Trusted, Safe Relationships
- Person driven and Directed
- Acceptance, Empathy and Example
- Honesty and Shared Accountability
- Hope, Respect and Dignity
- Power, Choice and Freedom, Human rights

PEER-SUPPORT SPECIALIST

AN INDIVIDUAL WHO...

- Provides non-medical services
- Uses his/her lived experience of recovery from mental illness or substance abuse
- Uses skills learned in formal training to:
 - facilitate support groups,
 - work on a one-on-one basis
- Has benefitted or is benefitting from mental health or substance use treatment services or supports
- Performs services only within his or her area of training, expertise, competence, or scope of practice

How do we begin breaking the barriers?

- Build trust and accountability within the criminal justice system and throughout the public behavioral health system
- Provide education and engagement between behavioral health and criminal justice
- Become “cultural translators” by explaining behaviors to those who have not experienced addiction or mental health challenges

integrated-Forensic Peer Recovery Specialist i-FPRS

Mission

Integrated Forensic Peer Recovery Specialist (i-FPRS) enhances the Certified Peer Recovery Support Specialist's role to transform the relationship between criminal justice and behavioral health and improve continuity of care.

Vision

Integrated Forensic Peer Recovery Specialist (i-FPRS) endorsement training provides educational support for the Certified Peer Recovery Support Specialist seeking knowledge, skills, and abilities in the assisting individuals who have been involved with the criminal justice system.

TRAINING: Core Competencies

Domain 1- Mentoring and Education

Domain 2- Recovery and Wellness

Domain 3- Advocacy

Domain 4- Ethical Responsibility

“Funnel of Thought”

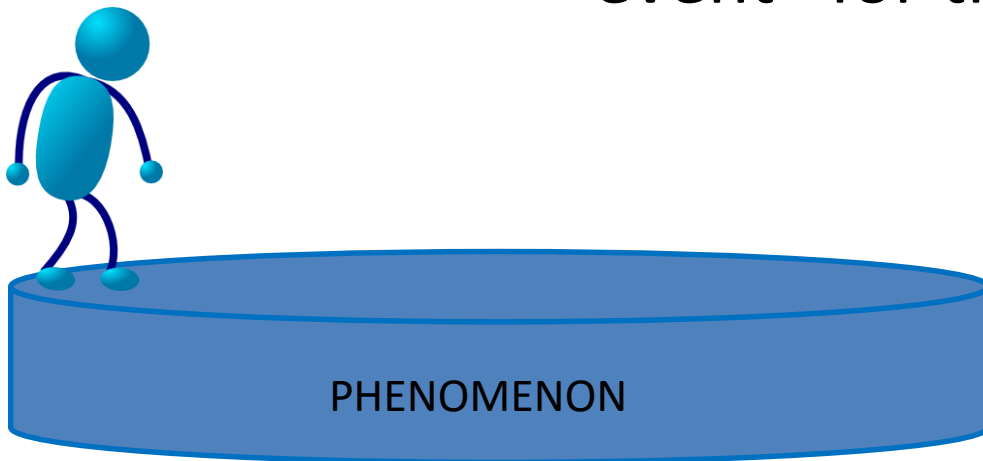
- Individuals base their behavior on their own funnel of thought and views or understanding of areas, including:
 - Criminal justice system
 - Treatment plans
 - Trauma
 - Stigma
 - Self-perception
- This funnel of thought typically encompasses “8 steps” which can lead to specific changes in behavior that are person-centered and sustainable for recovery.

As an i-FPRS, working with an individual, through this funnel of thought, will assist that individual in developing a path to recovery that diverts them from the criminal justice system and reduces the chance of recidivism.

Funnel of Thought

Discuss the impact that arrest/incarceration has had on the individual. What events led up to the arrest/incarceration?

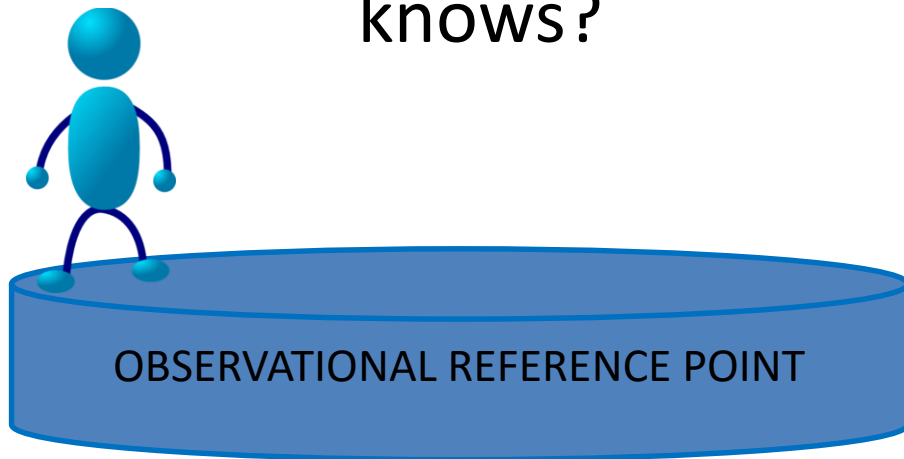
Was arrest/incarceration considered an “event” for that individual?



Funnel of Thought

At this stage, assist the individual in taking time to observe the series of events that led to arrest/incarceration.

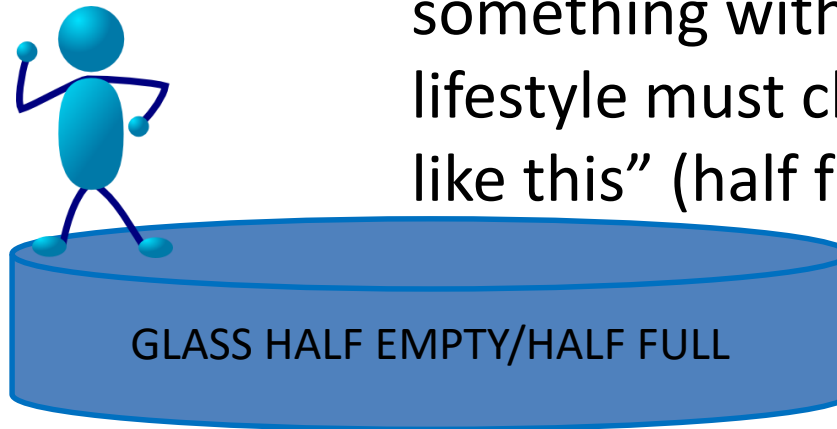
Is this the type of lifestyle the individual is use to or all that he/she knows?



Funnel of Thought

The individual may look at arrest/incarceration as a turning point in his/her life.

Possible thoughts may be that life will never get better (half empty) or something within the individuals lifestyle must change, “I can’t keep living like this” (half full)

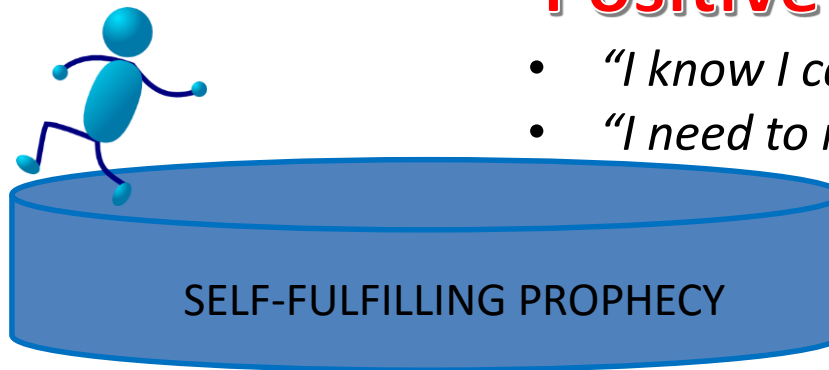


Funnel of Thought

At this stage, an individual internalizes negative or positive expectations about his/her circumstances, events, or people.

Positive

- *“I know I can do better than this”*
- *“I need to make a change”*

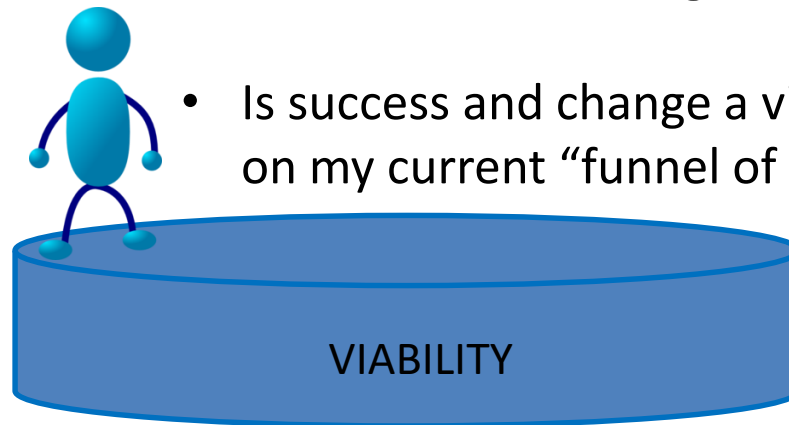


Negative

- *“They’re all out to get me anyway”*
- *“I’ll always be a hustler”*
- *“I’m safer in here”*

Funnel of Thought

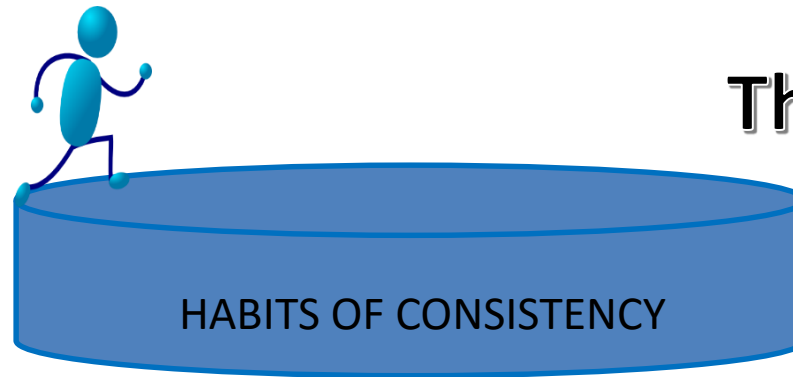
- How does the individual feel about his/her ability to live under these conditions?
- How feasible is change?
- Is success and change a viable option based on my current “funnel of thought”?



The Sweet'N Low Story...



Funnel of Thought



At this stage, understanding the viable option of success, the individual will need assistance in forming habits of consistency. Making small changes in an individual's "funnel of thought" is a way to promote viability with regard to change... "change is possible"

Examples include:

- *Not littering*
- *Not taking sugar, sweet and low, or creamer from the local convenience store (that's stealing)*

Funnel of Thought

At this stage, once the individual has begun to form small habits of consistency, the individual can take time to make an observational reflection point on those small changes that have turned into good decision making habits, thus motivating the individual to consider making further changes that will become habit forming.



**“It’s not the change
but the consistency
of that change that
forms the habit.”**

Funnel of Thought



Finally, through this funnel of thought, comes the realization that change is not going to happen overnight. For some, arrest/incarceration has become a “lifestyle” that is not easily abandoned, but with the i-FPRS’s assistance and support, a mutual relationship is built and an understanding:

“the only failure is failing to try”
then becomes the focus of the path to recovery.

SUCCESS

**Funnel
of
Thought**



**Even the smallest
change is a
success!!!**

Staying focused on the changed habit and its consistency, builds...

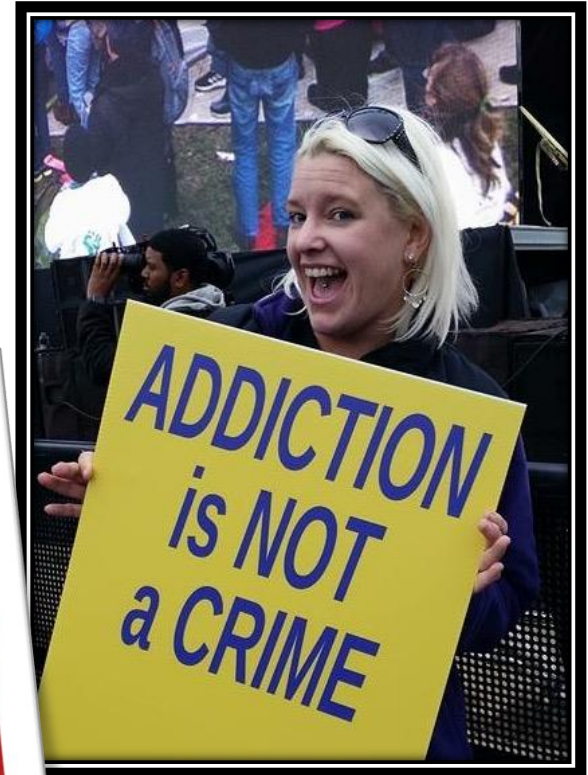
- **SELF-ESTEEM**
- **INTEGRITY**
- **EMPOWERMENT**
- **VIABILITY OF CONTINUED CHANGE**



Currently...

- 35 Peers have received the integrated-Forensic Peer Recovery Specialist Training
- Supported by Maryland's Office of Forensics
- Endorsed by the Maryland Addiction and Behavioral-health Professionals Certification Board
- Partnerships have formed:
 - Behavioral Emergency Services Team (B.E.S.T.)
 - Crisis Intervention Team (CIT)
 - Eastern Correctional Institution (ECI)
 - 18 incarcerated citizens have been trained as peers behind the walls in the state prison system

**SHE FELT THAT IF YOU
EDUCATED A WOMAN,
YOU EDUCATED A
FAMILY.**



QUESTIONS?

CONTACT INFORMATION

Brandee M. Izquierdo, *CPRS, RPS*

brandee.izquierdo@maryland.gov

Director, Office of Consumer Affairs

Behavioral Health Administration

55 Wade Avenue-Dix Building

Catonsville, MD 21228

410.402.8447 Office

443.469.4343 Cell